IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION OF RIGHTS TO THE USE OF WATER FROM THE COEUR D'ALENE-SPOKANE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576 Ident. Number: 95-17232

Date Received: 11/10/2016

Receipt No: T102754

Received By:

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

BECKY D NELSON

3120 COOLIDGE DR

BELLINGHAM WA 98225

SUSAN MARTELL

3208 PLYMOUTH DR

BELLINGHAM WA 98225

2. Date of Priority: 8/20/1907

3. Source: SPRING Tributary to: SINKS

4. Point of Diversion:

<u>Township</u> <u>Range</u> <u>Section</u> <u>1/4 of 1/4 of 1/4</u> <u>Lot</u> <u>County</u> <u>Type</u>

52N 04W 25 NE NE KOOTENAI

5. Description of diverting works:

6: Water is used for the following purposes:

 Purpose
 From To
 C.F.S. (or) A.F.A

 DOMESTIC
 1 /1 12/31
 0.04
 0

7. Total Quantity Appropriated is: 0.04 C.F.S. and/or 0 A.F.A

8. Non-irrigation uses:

Number of Homes: 1 Water Use Type Of Stock Number Of Stock

9. Place of use:

Township Range Section 1/4 of 1/4 Lot Use Acres

52N 04W 25 NW NE DOMESTIC

Section Acres

Total Acres

10. Place of use in counties: KOOTENAI

11. Do you own the property listed above as place of use? Yes

12. Other Water Rights Used:

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13. Remarks:			
Priority date descript	ion: Brothe	Brother was born in house on property on August 20, 1907.	
Description of use:	Water Use	<u>Description</u>	
	DOMESTIC		
14. Basis of Claim: Beneficial Use			
15. Signature(s)			
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) I/We do do not wish to receive and pay a small annual fee for monthly copies of the docket sheet. For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.			
Signature of Claimant(s	s):	Date:	
		Date:	
For Organizations: I do solemnly swear or affirm under penalty or perjury that I am			
Title		of Organization	,
riue		Organization	
That I have signed the foregoing document in the space below as			
Title Organization,			
Title		Organization	
and that the statements contained in the foregoing document are true and correct.			
Signature of Authorized Agent		Date:	
Title and Organization _			

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Please print name